

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937690 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2					
4	2					
5	0					
6	0					
7	0					
8	0					
9	0		0.			
10	0		0.			
11	0					
12	0					
13	0					
14	0					
15	0		0.			
16	0		0.			
17	0					
18	0					
19	0		0.			
20	0					
21	0					
22	0		0.			
23	0		0.			
24	0					
25	0		0.			
26	0		0.			
27	0		0.			
28	0		0.			
29	0		0.			
30	0					
31	0		0.			
32	0					
33	0		0.			
34	0					
35	0					
36	0		0.			
37	0					
38	0		0.			
39	0					
40	0					
41	0		0.			
42	0		0.			
43	0					
44	0		0.			
45	0					
46	0		0.			
47	0					
48	0		0.			
49	0		0.			
50	0					
TOTAL IND.	1		3			
TOTAL DEP.	60		62			
TOTAL CLAIMS	61		65			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	0	0.		0	0.			
52	0	0.		0	0.			
53	0			0				
54	0			0	0.			
55	0			0				
56	0			0				
57	0			0				
58	0			0	0.			
59	0			0				
60				0			0	
61				0			0	
62				0			0	
63				0			0	
64				0			0	
65				0			0	
66				0			0	
67				0			0	
68				0			0	
69				0			0	
70				0			0	
71				0			0	
72				0			0	
73				0			0	
74				0			0	
75				0			0	
76				0			0	
77				0			0	
78				0			0	
79				0			0	
80				0			0	
81				0			0	
82				0			0	
83				0			0	
84				0			0	
85				0			0	
86				0			0	
87				0			0	
88				0			0	
89				0			0	
90				0			0	
91				0			0	
92				0			0	
93				0			0	
94				0			0	
95				0			0	
96				0			0	
97				0			0	
98				0			0	
99				0			0	
100				0			0	
TOTAL IND.				0			0	
TOTAL DEP.				0			0	
TOTAL CLAIMS				0			0	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS